

EXECUTIVE SUMMARY

Missouri Department of Mental Health
1706 E. Elm Street, P.O. Box 687, Conference Room B
Jefferson City, MO 65102

Mental Health Commission Meeting

March 8, 2007

PRESENT

John Constantino, MD, Chair
George Gladis, Secretary
Ron Dittimore
Beth Viviano
Phillip McClendon

STAFF

Keith Schafer, Department Director
Lynn Carter, Deputy Director
Mark Stringer, Division Director, ADA
Joe Parks, Division Director, CPS
Bernie Simons, Division Director, MRDD
Diane McFarland, Coordinator/Chair Transformation Grant
Patty Henry, Budget Administrator
Mary Tansey, General Counsel
Bob Bax, Legislative Liaison/Public Affairs Director
Monica Hoy, Assistant to the Director
Audrey Hancock, Director's Office

GUESTS

Tim Swinfard, MO CMHC
Clive Woodward, DOP
Benton Goon, DMH Transformation Grant
Debbie McBaine, ADA
Danny Wedding, MIMH
Erica Stephens, MO P & A
Susan Pritchard-Green, MO Planning Council
Diane Riley, for Bill Shoehigh
Greg Kramer, Life Skills
Felix Vincenz, CPS COO

GUESTS (continued)

Jan Heckemeyer, DMH Administration
Cathy Welch, Director's Office
Patsy Carter, DO
Becky Blackwell, Judevine
Tec Chapman, MRDD
Barry Critchfield, DMH, Deaf Services
Dirk Cable, DMH Housing
Liz Hager-Mace, ADA
Leigh Gibson, Consumer Affairs
Rosie Anderson-Harper, CPS
Joe Yancey, Division of CPS
Robin Rust, MRDD
Jeff Grosvenor, MRDD
Kay Green, MRDD
Dottie Mullikin, DOP
Marsha Buckner, ADA
Connie Cahalan, DO
Gary Lyndaker, IT
Virginia Selleck, CPS
Lois Thomas, Public Affairs
Pam Leyhe, DO
Mary Fangman, OFO
Marsha Buckner, ADA
Rick Gowdy, CPS
Julia Kaufmann, MRDD
Vickie Epple, DMH Transformation
Becky Carson, CPS
Gus Epple, Investigations
Rhonda Haake, IT
Patrick Murphy, OHR

TOPIC/ISSUE	DISCUSSION
CALL TO ORDER	John Constantino, Chair, called the conference call meeting of the Missouri Mental Health Commission to order at 9:05 a.m. on Thursday, March 8, 2007. The meeting was held at the Department of Mental Health, 1706 E. Elm Street, Conference Room B, Jefferson City.
INTRODUCTIONS APPROVAL OF MINUTES YOUTH IN GOVERNMENT STUDENTS	<p>Introductions were made.</p> <p>John Constantino requested that the February 2007 Minutes be deferred until the next Commission meeting.</p> <p>Monica Hoy introduced the “Youth In Government” students—Kelsey Smith from Visitation High School in St. Louis, Emily Bryan from Kirkwood and their chaperone, Ida Hoffman. The students explained their topic of research—increasing employment for people with disabilities, and shared their interest in the mental health field.</p>
CIMOR UPDATE	<p>Keith Schafer gave an update of the activities within CIMOR and noted the CIMOR summary that was sent to Commissioners and presented to the legislature. There continues to be significant issues in the rollout of CIMOR. Mark Stringer, Director of the Division of Alcohol and Drug Abuse, spoke on CIMOR issues related to ADA implementation:</p> <ul style="list-style-type: none"> • Launched in ADA in October 2006, problems became evident quickly regarding the complex business rules for ADA services and Federal reporting requirements. Some business rules may be suspended in order to get bills paid. • In late 2006, some payments were made to providers for services that they certified were previously delivered. A problem in the system caused approximately \$500,000 in payments to come from GR rather than Medicaid. Gary Lyndaker formulated a process by which to correct and prevent this in the future. <p>Gary Lyndaker, DMH ITSD Director, gave an overview of CIMOR activities.</p> <ul style="list-style-type: none"> • DMH staff and OA ITSD staff meetings resulted in the focus with CIMOR being placed on billing, payments, revenue generation process, and the need to prioritize. Priorities identified: <ul style="list-style-type: none"> ◦ paying ADA and SCL providers ◦ paying Medicaid/Medicare for CPS inpatient facilities. and SCL. • With the focus on this fiscal year, nine subcommittees were formed in areas such as entering data on bed assignments, diagnosis codes, commercial insurance billings, medium and long-term solutions. • Issues with Medicaid Inpatient billing have resulted in delay in Medicaid billing and payments. Gary advised that these are not dollars lost if they are not submitted this fiscal year, but the interest on it is significant. • A priority issue now for Accounting, ADA, and ITSD is to review and correct the services that get billed to GR rather than Medicaid. Plans are to implement this routinely. • ADA providers are incurring significant, unanticipated costs with this conversion. \$613,000 was requested from the '07 supplemental budget for ADA providers to offset some of these costs. The '08 budget will have

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	<p>an additional \$700,000 for providers that come on in FY 08. Funds are being built into the budget to compensate for unanticipated costs based on a survey done by the Coalition of Community Mental Health Centers to establish average costs for implementation in 2007. Actual implementation will be allocated on basis of size of contract. (I'm not sure this last statement is correct. Mark S. will know.) Keith Schafer expressed appreciation to Tim Swinfard of the Coalition for working with the Governor's Office in pushing forward these budget items.</p> <p>Gary Lyndaker provided a handout with an overview of CIMOR, background, cost estimate, and reasons for not upgrading DMH legacy systems. The following points were explained:</p> <ul style="list-style-type: none"> • DMH/ITSD has purchased hardware, server software and made network improvements for CIMOR during this project. , with CIMOR costs for contracted software, maintenance and IT consulting services through November 2006 totaling \$9.6 million. • The original projected costs for CIMOR from FY00 through FY04 were: GR \$14.24 million + FED \$5.14 million, totaling \$19.38 million. • Actual new funding received from FY00 through FY03 was: GR \$4.68 million + FED \$7.65 million, totaling \$12.33 million. • Keith Schafer noted that rollout of CIMOR with CPS and MRDD providers will not occur until billing and other issues have been corrected. • Commissioner Constantino made a recommendation to hire an outside, independent consultant to evaluate the CIMOR project and give an analysis of whether it's appropriate to proceed as planned. • Gary noted that he expects MRDD and CPS providers' CIMOR implementation to go more smoothly than ADA and Inpatient because of less complexity. Providers who are entering services online into the system have generally been successful. Some larger vendors who are batching a few thousand claims are experiencing 30-35% rejection. They must have built into their system the same rules and checks as CIMOR . • Commissioner Ron Ditemore recommended that Keith, Gary, Rhonda look into and give recommendation on how to proceed. • Commissioner Beth Viviano agreed that an independent evaluation should be done. • Keith Schafer supports Dr. Constantino's recommendation to restore credibility and to determine if we need to go in a different direction, but this does not mean we are not proceeding with CIMOR in the meantime. • Mark Stringer expressed support for Dr. Constantino's recommendation. He noted, however, that Gary did have a consultant recently look at CIMOR, from a technical perspective, recently and they believed the approach was sound, who did not recommend scrapping the system but gave 10 recommendations for improvement. It should be noted that there are providers who are excited about what CIMOR has brought to

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	<p>them.</p> <ul style="list-style-type: none"> • Keith asked Mark Stringer to stay involved in this process with Gary. • Keith will talk to Dan Ross, the State CIO, to get his thoughts on where we've gone, where we are now, what changes may be needed.
CONSUMER SAFETY DISCUSSION	This agenda item will be on the agenda for the next Commission meeting.
LEGISLATIVE UPDATE	<p>Bob Bax, Legislative Liaison, brought the following updates:</p> <ul style="list-style-type: none"> • This has been a record legislative session with regard to the number of bills filed—about 1,800 pieces of legislation, not including various resolutions. • <u>SB 577</u> – Medicaid became the focus this week with hearings held on SB 577, which is the MO Healthnet proposal to replace the Medicaid system as we know it. DMH submitted written testimony on this bill. State agencies did not testify in person, but rather, various consumers, providers, advocates. DMH sent Commissioners advanced information on SB 577. Details are significant and this bill will become more detail laden and will become more clear as to its impact. MO Healthnet will emphasize managing care, rewarding people for healthy habits and lifestyles. It will have some provisions that will provide incentives for providers to do well. Bob shared that Senator Shields did a great job of presenting the bill and laying out framework. Dr. Joe Parks represented DMH in addressing some of the subtleties that may be difficult to understand in the bill. As the bill is written, rehabilitation services now covered under Medicaid, which includes the CPRC and CSTAR programs would get rolled into either the managed care or the Administrative Service Organization (ASO) side. Keith shared that Senator Shields had no intention of the rehabilitation services option being rolled into managed care and has worked to make sure that it is voluntary for DMH consumers to choose managed care for these services. This legislation offers three options—an enhanced version of the fee for services; a managed care program that has some additional protections; and an ASO option, all of which include incentives for patients and pay for performance incentives for providers. • <u>Mental Health Reform</u> bill will come up on Senate floor on Monday for debate. These are the recommendations from the Mental Health Commission Report and the Lt. Governor's Task Force Report. No controversy is anticipated. The sprinkler issue is in this bill which has slowed it down somewhat. In answer to the question of why the sprinkler issue was not made a separate bill, Bob shared that some thought it should be dealt with now. It may not be that problematic, but may just slow it down. • <u>Incompetent to Stand Trial</u>. This issue was discussed at the last Commission meeting. There will be an amendment offered on SB 3 by Senator Lager that will include some type of general notification provided to people as they enter the system and will include a requirement for notification of registered sex offenders

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	<p>which is consistent with the Governor's Executive Order and is what DMH is doing. It will include language that will require DMH to ask guardians of persons that are Incompetent to Stand Trial on sex charges for consent to disclose but will not require disclosure. It also includes a provision that if anyone refuses to disclose, their placement in the mental health system will not be affected.</p> <ul style="list-style-type: none"> • <u>SB 621</u> has been introduced that would change the name of the division of MRDD to drop "mental retardation," making the name "Division of Developmental Disabilities." A hearing may be as soon as next Tuesday. Bernie Simons shared that there are only 13 states that have the MR in their name.
BUDGET UPDATE	<p>Patty Henry shared the following update on DMH budget activities in the General Assembly.</p> <ul style="list-style-type: none"> • <u>Supplemental</u>—the Senate and House held conference hearings on the Supplemental Bill. At this point, DMH has fared well. Changes in the conference occurred in the Senate: Overtime Supplemental Appropriation was decreased somewhat based on more recent projections. The component of the Habilitation Center item for the Columbus contract was decreased by about \$200,000 based on updated hours and projected costs from Columbus. A new decision item was included in the Governor's budget in 2008 for additional funding to be allocated primarily to CPS and ADA community providers related to CIMOR costs. DMH staff worked with Governor's Office and Senate to appropriate \$613,000 in the supplemental process to which the conference agreed. This allows the DMH to continue to provide funding this year to ADA providers and CMHCs for CIMOR costs incurred. Supplemental should be finished within the next two weeks. The Supplemental Bill itself should be available by April 1. • <u>FY 08 Budget</u>—House Appropriations and House Budget Hearings have been ongoing. The Appropriations Committee heard the DMH budget presentation which focused on performance measures, outcomes, goals. Recommendation reports for each state agency have been presented to the House Budget Committee. DMH staff have attended these hearings. At this time, the items recommended by the Governor have been supported by the House Appropriations Committee with some additions: <ul style="list-style-type: none"> ◦ \$2.7 million for the ADA primary care program to sustain the level of services after the ATR grant ends. ◦ \$1.8 million for CPS for community treatment teams. ◦ There is support in the Committee for 3% provider Cost of Living increase across all three divisions. ◦ The Springfield School District had received a grant under the Safe Schools Act. They have been contracting with Burrell to provide them with mental health clinicians in the school system to work with high risk kids with mental health issues. The grant expires the end of July 2007. There is some support in the Appropriations Committee for money in DMH budget to sustain that for at least a year. Staff from Burrell are scheduled to make a presentation on this project at the April Mental Health Commission meeting. ◦ ADA item—co-occurring adolescent program—approximately \$500,000 is being recommended.

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	<ul style="list-style-type: none"> ◦ A decision item of \$220,000 in our request that the Committee supports to provide a two step increase for security attendants in the BIGGS Forensic Unit. This is a differential pay from those working at Guhleman.. <p>Keith shared that the House recommendations are above the Governor's recommendations by about \$16 million.</p>
MEDICARE PART D	<p>Joe Parks shared an overview of a DMH budget opportunity and IT success story. DMH currently submits insurance claims for the medications people receive while they are in DMH inpatient facilities, if they are covered by Medicare Part D. It turns out that this benefit covers a person even in an IMD if they have exhausted their Medicaid benefits. It is estimated that approximately 30% of DMH patients have exhausted their Medicare benefits and are now eligible for Medicare Part D. This is possible due to the purchase of software that standardized all the pharmacy software, as shown on Gary Lyndaker's handout as QuadraMed purchase for \$757,985. That installation was on time, on target and worked immediately. The software allows DMH to bill real time online, and patients have been enrolled in prescription drug plans (PDPs). It is anticipated to start billing at Fulton State Hospital in the coming month and be online with other hospitals in next two months. This should generate at least \$2 million a year in revenue. This has provided the opportunity to put in requests to cover budget items not previously covered.</p>
NEW BUSINESS	<p>Joe Parks shared that effective November 15, 2007, the CPS hospitals and facilities will have no tobacco or smoking on the grounds, not just in the buildings, but anywhere on the property. He shared the statistics on benefits of going tobacco/smoke free. Keith asked if any Commissioners objected – none did. Joe will proceed.</p>
ADJOURN	<p>The Mental Health Commission adjourned at 12:45 p.m.</p> <hr/> <p>John Constantino, Chair</p>